Q & A from Best of Both Worlds Presentation

Working Together – EES and TCMs

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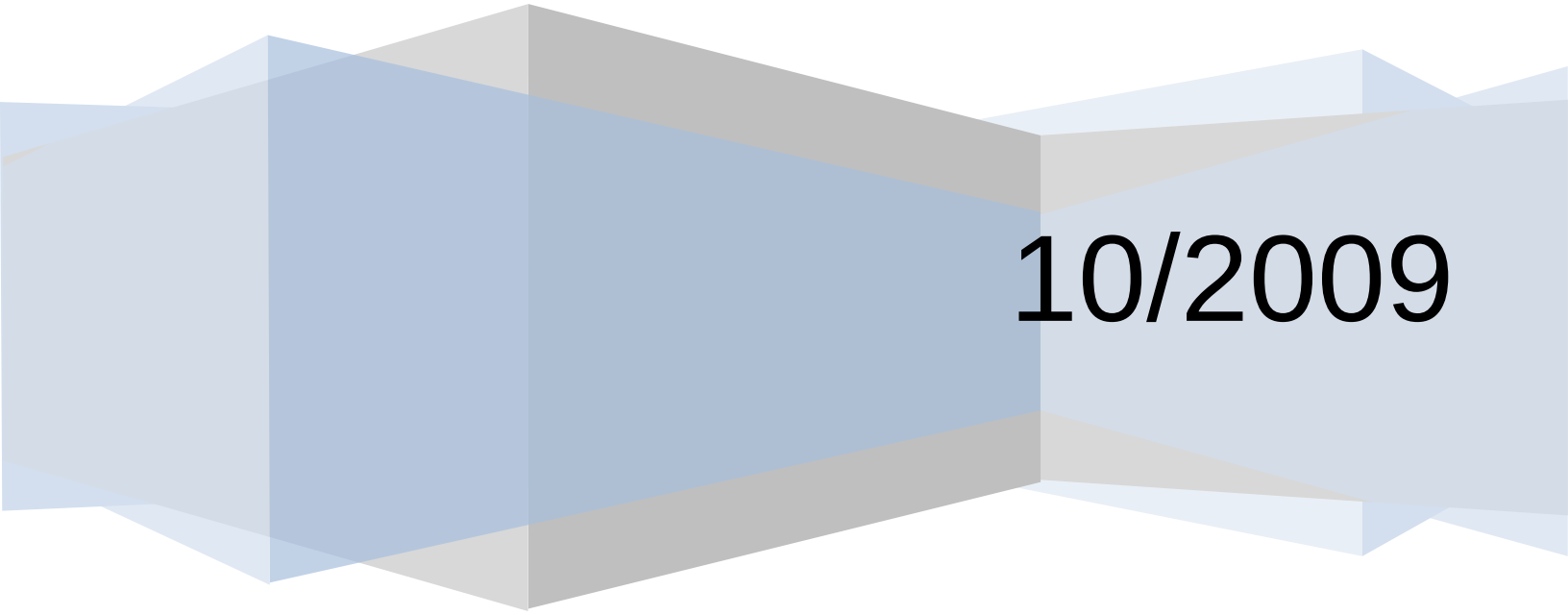

10/2009

Questions from Registration

1. How to improve communication with EES workers and work with SRS to better serve clients. Who to contact?
    - ❖ Contact sheets for the Northeast SRS Region, Kansas City and Overland Park SRS offices were provided at the trainings. We encourage you to work with SRS eligibility workers for our mutual consumers. If conflicts or issues cannot be resolved, then contact the SRS eligibility supervisor listed on the contact sheet. For offices or regions outside these trainings, contact the local SRS office for a current contact sheet.

2. Role of EES worker
    - ❖ Please refer to the SRS Eligibility Role and Processes training packet.

3. I want to know more about the Medical application process and timelines for processing.
    - ❖ Please refer to the SRS Eligibility Role and Process training packet.

4. Can an individual receive HCBS services while the Medicaid application is pending?
    - ❖ In most situations you will not receive HCBS services until the Medicaid application is approved and documented into the KAECSES eligibility system. For the SED & PRTF-CBA waivers services can be provided prior to Medicaid approval, however the provider will not be reimbursed until the Medicaid approval is documented in the KAECSES eligibility system.

5. What is the temporary stay policy for an individual who goes into a nursing home or hospital?
    - ❖ Temporary stay for an individual 18 years of age and older is the month of entrance and the following two months.
    - ❖ Temporary stay for a child 17 years of age or younger is 30 days.
    - ❖ If a stay is defined as temporary, the SRS Eligibility worker can approve dual payment for HCBS and Nursing Home services. If an individual enters a hospital for a temporary stay, payment for HCBS services will continue to be approved. Once they have exceeded the temporary stay time period, the SRS Eligibility worker closes the HCBS case, ends HCBS payment and looks at eligibility for other medical programs.

6. How can an individual get a medical card if they are on an HCBS waiting list?
    - ❖ The SRS Eligibility worker will assess and determine eligibility for other medical programs when an individual is placed on a HCBS waiting list.

7. I would like a better understanding of how all the agencies work together?
    - ❖ KHPA is the single state Medicaid agency; KDOA and SRS manage the programmatic and day to day operations of the different waivers. SRS regional staff determine eligibility for HCBS Medicaid applications. The Case Management agencies contract with KDOA and SRS to coordinate community supports to individuals. The goal of the

presentation was to facilitate and increase positive communication between the agencies, and for all agencies to better understand each other roles.

8. I have questions regarding the ES-3160 communication form (Notification of Medicaid/HCBS Services Referral/Initial Eligibility/Assessment/Services Information) and the ES-3161 communication form (Notification of Medicaid/HCBS/Working Healthy Services)

   - ❖ Can these forms be emailed?
     - The ES-3160 & ES-3161 forms can be e-mailed, e-faxed, faxed or mailed. Each SRS office & SRS region coordinates with their HCBS entities to determine what will work best.
   - ❖ Can the initial ES- 3160 form be used by the HCBS casemanager?
     - Yes. If the SRS eligibility worker sends a referral, the HCBS casemanager can respond on the same ES-3160 and vice versa.
   - ❖ What is the best way to make referrals?
     - The ES-3160 form must be used to refer an individual for HCBS services. SRS eligibility staff should utilize the HCBS provider lists to allow the consumer to choose what entity will complete their HCBS assessment for functional eligibility.
   - ❖ Why does the targeted case manager have to send plan of care cost change if it is nowhere near the obligation amount?
     - This is required for accuracy of financial eligibility.

9. Overview of waivers
   - ❖ Current status of waivers, waiting lists, limit number of participants

	Autism	DD	FE	PD	PRTF CBA	SED	TA	TBI
Renewal date	1/2011	7/2014	1/2010	10/2009	N/A Demonstration Project	9/30/2010	8/2013	7/2014
Waiting List	Yes	Yes	Not currently	Rolling waiting list	Not currently	Not currently	Not currently	Not currently
Current served (7/2009 MAR data)	38	7188	5706	7210	150	3500	265	243
Max. allowed over the 5 years of waiver	75	9552	N/A	6059	1067	4707	428	369

10. What is the difference between PRTF CBA and PRTF?
    - ❖ PRTF is a Psychiatric Residential Treatment Facility that serves children and youth with chronic mental health needs. SRS eligibility workers will receive an MS-2126 form (Notification of Nursing Facility [Institutional] Admission/Discharge) indicating admission or discharge into a PRTF.

- ❖ The PRTF Community Based Alternative Grant provides an array of community based services in lieu of institutional care that would be provided in a PRTF setting. SRS eligibility workers will receive an ES-3160 form indicating approval of PRTF-CBA waiver.

11. How should a HCBS casemanager handle medical receipts for their consumers? Is there a certain date to submit? How do we avoid multiple HCBS obligation changes during the month?
    - ❖ Medical expenses not covered by Medicaid or other insurance can be submitted to the SRS eligibility worker to reduce a consumer's HCBS obligation. There is not a certain date to submit non-covered medical expenses. It does help if the HCBS casemanager and SRS eligibility worker communicate to determine how often medical expenses should be submitted. In some situations, on-going medical expenses are bundled and submitted every 3 months. It makes it much easier for the SRS eligibility worker, the HCBS casemanager, the HCBS provider and consumer if the HCBS obligation is not changed multiple times a month.

12. What is the role of a HCBS casemanger?
    - ❖ The four components of case management:
        - **Assessment** – Determine functional eligibility.
        - **Development of a Plan of Care** – Based upon identified needs through the assessment process.
        - **Referral and Related Activities** – Assist individual to obtain services within and outside of the waiver.
        - **Monitoring and Follow-up Activities** – Ensure that the plan of care is implemented and adequate.
        - **Also refer to the TCM Role and Processes training packet**.

13. What is division of assets?
    Please refer to the SRS Eligibility Role and Processes training packet and go to page 6 titled "Spousal Impoverishment".

14. How do systems work together?
    - ❖ The IT systems integration is covered in the Best of Both Worlds training materials.

15. What training is received by SRS eligibility workers on HCBS?
    - ❖ SRS eligibility staff complete two levels of training. Level One is an on-line program utilized by SRS regional trainers to familiarize staff with programs and processes. SRS eligibility staff will complete activities, tests and process cases during level one. The Training Academy or Level Two is classroom training which reviews and expands on programs and processes. One of the training academy classes is long term care (HCBS & Nursing Home).

Questions from Best of Both Worlds Presentation – August 14 , 25, 26, 27

1. Acronym List-
   - ❖ A more detailed acronym list is attached. The list below is for acronyms used in the Q & A.

Acronym/Abbreviation	Description/Other Terms Used
FE	Frail & Elderly
PD	Physically Disabled
MR/DD	Mental Retardation/Developmental Disability
SED	Severely Emotionally Disturbed
PRTF-CBS	Psychiatric Residential Treatment Facility – Community Based Alternative
TBI/Head Injury	Traumatic Brain Injury/Head Injury
HCBS	Home and Community Based Services
KAECSES	Kansas Automated Economic and Child Support Eligibility System
TCM	Targeted Case Manager or HCBS casemanager
PRTF	Psychiatric Residential Treatment Facility
TA	Technology Assisted
KHPA	Kansas Health Policy Authority
KDOA	Kansas Department on Aging
SRS	Social and Rehabilitation Services, Dept of
EDS	Electronic Data Systems
EES	Economic & Employment Support (Division of SRS)
KEESM	Kansas Economic & Employment Support Manual – contains Medicaid policy
AAA	Area Agency on Aging
ILC	Independent Living Center
KMAP	Kansas Medical Assistance Program
SOC	Summary of Changes in KEESM

2. Can the expenses of services provided and paid by private pay be used as expenses towards the spenddown for Medicaid eligibility? (This includes residential habilitation, day habilitation and targeted case management)
   - ❖ Definition of a spenddown medical case. A spenddown case provides medical only coverage to an elderly and disabled individual once they have met their deductible (spenddown).
   - ❖ Per KEESM Appendix Form P-1 (Medically Necessary Items)
     Targeted Case Management and Rehabilitation Services are allowable. TCM services provided by an entity authorized to provide TCM under the Kansas Medicaid program are allowable.

3. I know children in fostercare can receive HCBS services. What about a child receiving adoption support?
    - ❖ Yes, a child receiving adoption support can receive HCBS services.

4. Will the casemanager be working with an SRS Medical eligibility worker if the child is in fostercare or receiving adoption support?
    - ❖ It depends. It can be either the CFS (Children & Family Service) worker or the SRS Eligibility worker who approve HCBS payment. It is important to contact your SRS Eligibility worker to determine what the process is in their office.

5. Would there be a cheat sheet to show when an individual can move from one waiver to another? Is there a waiting list in these circumstances?
    - ❖ Transfers between waivers depend primarily on functional eligibility for the waiver. If a child experiences a reduction or termination of TA, SED, PRTF-CBA or Autism services, they may be eligible immediately for the DD waiver.
    - ❖ An individual who is 64 yrs of age receiving PD services must sign a choice form to continue on the PD waiver or transfer to the FE waiver upon turning 65. An individual transferring from PD to FE would not be held to a waiting list if one was in place. Once they have transferred to the FE waiver, they can no longer return to the PD waiver.
    - ❖ Transfers between TBI and PD waiver are common.

6. What is compassionate allowance?
   Please go to the following website for more information.
   http://www.socialsecurity.gov/compassionateallowances/

7. The child is receiving HealthWave and is eligible for an HCBS waiver. Why does the family have to complete the ES-3100.1 Application for Elderly and Individuals with Disabilities?
    - ❖ HealthWave Medical and HCBS Medical have different eligibility rules; therefore we will need a new application. Eligibility for HealthWave Medical Programs is income driven. Eligibility is determined based on income and household size. Eligibility for Elderly and Disabled Medical Programs (which include HCBS) are resource driven. Eligibility is determined based on the individual's/married couples' resources.

8. Why do some of my waiver consumers have Part D prescription co-pays? I thought individuals receiving HCBS services were exempt from Part D prescription co-pays.
    - ❖ Consumers receiving HCBS and Medicare will not have Part D co-pays. If a consumer does, please contact your SRS Eligibility worker. In most cases, they will contact their EDS liaison to assist in figuring out why the consumer is being charged Part D co-pays.

9. Consumer receives a $15,000 inheritance. What can they spend it on?
    - ❖ When a consumer receives a lump sum it is important to communicate with your SRS Eligibility worker to determine how this impacts their eligibility case. The consumer can

use this lump sum to purchase items for themselves. They cannot transfer or gift these monies as this could result in a penalty. If a penalty is applied, the individual will not be eligible for HCBS payment. They would have to pay these expenses out of pocket. In some cases, the consumer does not have a pre-paid funeral arrangement and it is encouraged for them to set one up. Also, the consumer can prepay Estate Recovery for past Medical Assistance payments. Some individuals choose this path to avoid closure and reapplication of their medical case.

- ❖ Social Security Disability Income (SSDI) or Supplemental Security Income (SSI) lump sums are exempt for nine months. The nine month timeline begins the month after the SSDI and SSI lump sum was received by the individual.

10. Individual on SED waiver turns 22 years of age. Can they transition to another waiver?
    - ❖ Yes, see question 6.

11. Why can't the ES-3100.1 Medical application for Elderly and Disabled be scanned into the computer for tracking?
    - ❖ The KAESCES computer system, used for EES medical programs, is over 20 years old and does not have the capability to accept scanned documents. Our limited resources are focused toward federally mandated initiatives or system improvements.

12. Some consumers believe they can bypass the waiting list. Are there situations when they can?
    - ❖ There are specific circumstances when people can transfer between waivers. Waiting lists are managed by the HCBS Waiver Program Managers. Crisis exceptions are defined by each waiver.
    - ❖ The FE waiver does not currently have a waiting list.
    - ❖ For MR/DD, exceptions are defined in the contract between SRS and the CDDOs.

13. If a medical case is denied for failure to provide information, does the individual have to complete and submit a new application?
    - ❖ A Medical application is valid for 45 days from the date stamp on the application. If the application is denied for failure to provide, the applicant has until the 45th day to turn in the requested information and not have to complete a new application. If requested information is provided on or after the 46th day, submission of a new application is required.

14. What is the HCBS courtesy rule?
    This was a best practice concept utilized in the past. When reducing a HCBS client obligation due to a non-covered medical expense, the HCBS casemanager will be notified by the 5th of the month prior to the effective month of change. This gives the HCBS casemanager time to update the plan of care if necessary and notify the provider of the new HCBS obligation amount. It will be important to find out what works for you and the HCBS casemanager.

15. I am a casemanager for the DD waiver. My consumers are starting to have face to face interviews even though in the past they never did? In some circumstances they had telephone interviews. Has there been a change in policy regarding interviews for Medical?
    - ❖ While interviews are not a requirement for medical assistance, it is a requirement for food assistance (formally called food stamps). Effective October 1, 2009 we are expanding the use of telephone interviews for all food assistance households. EES staff have been strongly encouraged to use telephone interviews for food assistance applications and reviews. If the customer requests a face-to-face interview, however, one will be provided to the household.

16. When should a consumer submit non covered medical expenses?
    - ❖ The same process outlined in Question 10 for HCBS casemanagers can be applied to consumers. SRS Eligibility workers communicate with their consumers to determine what is best.

17. My consumer enters a nursing home. The nursing home states on their form it is a long term stay. The casemanger states it is a temporary stay. How should the SRS eligibility worker react to this?
    - ❖ The SRS eligibility worker should contact the HCBS casemanager to sort out what is happening. The nursing home may not be aware of the community based services. Remember we can approve dual payment to the nursing home and HCBS provider if the stay is considered temporary. (Temporary is defined as the month of entrance and the following two months)

18. Does child support count as income when determining the HCBS client obligation?
    - ❖ Child support is intended for the child and is considered countable unearned income. (KEESM 6220 #4) The ES-3100.1 Elderly and Persons with Disability Medical application does not specifically ask for child support income. If a child is receiving this type of income please list it under "Other Income" on page 9 of 13 on the application.

19. For SRS Eligibility staff, should the child be primary on the HCBS case?
    - ❖ If a child becomes eligible for HCBS, they must be the primary (01) person in the KAECSES system. The best practice procedure is their parents will need to be added as secondary (02) (03) as we want to keep this family together for documentation purposes. Also the parent(s) need to be listed as responsible person unless another entity has custody. This allows the EDS Consumer Assistance Unit to talk with the parent(s). The EDS Consumer Assistance Unit is unable to speak to a parent about their child's Medical case unless the SRS eligibility worker has added the parents to the responsible person field on the KAECSES ADDR screen. The EDS Consumer Assistance Unit handles phone calls regarding prior authorization, benefits and payment of claims.

20. How long is the ES-3160 good for if we are waiting for weeks or months on an application to be submitted?
    - ❖ If an ES-3160 is more than 30 days old when the application is submitted, contact the casemanager to request another one. The reason for this would be to verify the consumer still

wants waiver services and when those services will start. This is not policy but would be best practice. SRS eligibility staff can continue to use the prudent person policy when deciding if a new one is needed.

21. Which waivers have a waiting list?
    - ❖ See question 9 from registration questions.

22. Can I call the HCBS casemanager or SRS eligibility worker when there is a change?
    - ❖ Please use the communication forms ES-3160 for the initial opening and ES-3161 for on-going changes.

23. What is the criteria for TBI?
    - ❖ To be eligible for TBI Waiver services, an individual must:
        - have a Traumatic Brain Injury, i.e., an injury to the brain caused by an external physical force resulting in total or partial functional disability and/or psychosocial impairment;
        - be at least 16 years old but younger than age 65;
        - meet the Medicaid long-term care threshold score, as determined by use of the TBI Uniform Assessment Instrument and the TBI Assessment Addendum;
        - must show the capacity to make progress in rehabilitation and independent living skills development;

      In addition;

        - individuals cannot reside in congregate settings (such as group homes and assisted living facilities).
        - individuals who reach the age of 65 while receiving waiver services may continue to receive services as long as all other eligibility criteria are met, including the capacity to make progress.

24. We have a contact list for AAA casemangers. Would it be possible to get lists for ILC's?
    - ❖ Please refer to the reference list for provider contact information. Individuals are not listed, however you may request this on a local level. If you would like to do this on a local level that would be encouraged. Regional Performance Improvement and Quality Assurance staff are good liaisons between providers and SRS.

25. Where do I get updated ES-3160 & ES-3161 forms?
    - ❖ You can contact your local SRS office or go to the SRS Website to download the forms. The most recent revision is July 2007.
      http://www.srskansas.org/KEESM/Forms/Formstoc_07-09.htm

26. What information must be included on an initial application for a husband and wife?

- When a couple submits an application, they must list the marital assets and income. This is done even if only one spouse will be receiving HCBS.

27. Could we raise the HCBS protected income level ($727)? The HCBS client obligation deters individuals from increasing their income through work.
    - The HCBS Protected Income Level is established by the Kansas Legislature.

28. Are all people who receive Social Security income eligible for HCBS? Age 62?
    - No, not all individuals who receive Social Security are eligible for HCBS. An individual can begin receiving Social Security early retirement benefits at age 62, however they are not elderly or disabled.

29. Do we need to have a new script or medically necessary form completed each year in order to allow on-going medical expenses not covered by insurances?
    - Refer to question 46.

30. When an individual declines HCBS services, by what date should the HCBS casemanager report this to the SRS eligibility worker?
    The HCBS casemanager should send a 3160 after the assessment to the SRS eligibility worker to indicate that the customer does not choose HCBS. This should occur shortly after the assessment.

31. What date do HCBS casemanagers use for the start date?
    - Choice date is typically used except for those waivers who use Program Manager approval or for individuals moving off the waiting list. There may be times the HCBS casemanager is aware that services are being requested for a date in the future. For example an individual residing in a nursing facility is assessed for the FE waiver and will not be returning home for a month or more.
    - Please review the HCBS Waivers Chart in the training packet for more information.

32. Can the HCBS casemanger sign the application or review for the consumer?
    - A consumer can appoint their HCBS casemanager as a medical representative on page 5 of the ES-3100.1 Application for Benefits for the Elderly and Persons with Disabilities. This will allow the HCBS casemanager to sign the application and receive case action notices.

33. Why are casemanagers responsible for HCBS obligation change information when the providers have access to the information on KMAP or can access this information as easily as we can?
    - The monthly obligation must be changed on the plan of care. As with all plan of care changes a Notice of Action is required to be sent to both the participant and the providers.

34. Why must we send an ES-3161 to the SRS eligibility worker if there has been no change in the cost of services or tier level?
    - The SRS eligibility worker needs to know that the consumer was assessed and remains functionally eligible and that the cost of care remains the same.

35. Can individuals living in a for profit agency be eligible for food assistance? Can they receive or get more approved if they have a physician ordered specialized diet?
    - ❖ KEESM 2642 specifically says that only residents of nonprofit group homes can apply for and get food assistance if otherwise eligible. The KEESM is being revised for October 2009 to clarify that residents being served by **for profit** community service providers (CSP) cannot apply for or receive food assistance if the CSP provides more than 50% of the person's meals/food. By saying "provide" we are talking about charging/billing the person for meals or groceries as part of the services provided. Please refer to the October KEESM , SOC and Implementation Memo for more information on this topic.

36. Can transportation expenses be used to reduce an HCBS client obligation?
    - ❖ Per KEESM Appendix Form P-1 (Medically Necessary Items)
    - ❖ Transportation and lodging to obtain medical treatment or services which are covered by Medicaid or are considered medically necessary, including to and from services included on the HCBS plan of care. Lodging costs may also be allowed for 1 attendant, if necessary. Waiting time is allowed for commercial providers only. Ambulance transportation is allowable.
        - o Private vehicle mileage is allowable at the current state reimbursement rate for privately owned vehicles, including the enhanced rate for specially equipped or modified vehicles to accommodate a disability. Commercial transportation is allowable at the usual and customary rate of the provider

37. Why can't SRS eligibility staff report HCBS client obligation changes directly to the plan of care?
    - ❖ SRS eligibility staff are given a specific security profile and they are unable to have access to the plan of care.

38. When to send ES-3160/ES-3161?
    - ❖ Please refer to page 4 of the SRS Eligibility Role and Processes Packet regarding what the SRS eligibility worker needs to report.
    - ❖ For HCBS casemanagers please see the trouble shooting guide hand out.

39. Can the HCBS casemanger be added to the eligibility system to receive notices if we have a release signed?
    - ❖ If the consumer appoints the HCBS casemanager as Medical Representative, the HCBS casemanager will receive all notices pertaining to all programs. The Medical Representative release can be found in the ES-3100.1 (Application for Benefit s for the Elderly and Persons with Disabilities. It will be very important for the HCBS casemanager to notify SRS if their responsibility for this case changes.

40. When do I send the ES-3160/ES-3161?
    - ❖ Please refer to the SRS Eligibility Role and Processes packet for when an Eligibility worker should send the forms.

41. I have noticed at times that Medicaid applications have taken longer than 45 days to approve. Is there a protocol to direct the consumer to when this situation comes up?
    - ❖ The majority of applications are processed within the 45 day timeframe. If an application is approaching 45 days, we encourage the HCBS casemanager and SRS eligibility worker to communicate. It could be the SRS eligibility worker is needing additional information or documentation from the consumer or collateral parties and the HCBS casemanager may be able to assist with providing the necessary paperwork. The consumer or HCBS casemanager may also speak to the SRS eligibility worker's supervisor.

42. About 50% of the time our agency is not getting 3161's notifying of client obligation changes and if we are not notified about this Notice of Actions are not sent to the consumer and billing gets messed up. Some feedback we are hearing from EES Workers when this is communicated to them is that, because they are so busy, this is not a priority.
    - ❖ We understand that everyone is very busy with multiple and competing priorities. We hope that the HCBS training was helpful in explaining how each team members' actions affect others as well as beginning to develop partnerships between the HCBS casemanager and the SRS eligibility worker. We suggest that you speak with the SRS eligibility worker with your concerns. If, then, you are not routinely receiving the ES -3161 timely, you may wish to speak with the SRS eligibility worker's supervisor.

43. I am aware of the list of items that can be applied toward a consumer's client obligation. Is there a separate list that identifies items that will need a DR prescription in order to be applied toward obligation?
    - ❖ The KEESM Appendix P-1 (Medically Necessary form) provides a list of items that can be applied toward an HCBS consumer's client obligation. All items on the list must be documented as Medically Necessary, this will require a doctor's script or the KEESM Appendix P-2 (Statement of Medical Necessity form) can be used.

44. Can you explain how the process for consumers to be reimbursed for mileage to appts works and what appts this will apply to? You mentioned something about contacting EDS????? Can you clarify this more?
    - ❖ Effective November 1, 2009 , the new transportation broker for Medicaid beneficiaries is MTM (Medical Transportation Management). Beneficiaries will have one toll free number to call M-F, 8-5 to schedule all appointments to and from Medicaid covered services. Beneficiaries/case workers/caretakers should call 1-800-240-6497 after October 26, 2009 to schedule trips to appointments scheduled after November 1, 2009. MTM will determine if the trip meets Medical Necessity guidelines.

45. Is there a time limit on prescriptions from Doctors for those items that are applied toward client obligations?

- There is not a policy directive outlining time limits on a doctor's script. The Medical Necessity form does ask what duration is the service or item needed. It is the responsibility of SRS eligibility staff to be prudent when the circumstances of a particular case indicate the need for further inquiry. For example, a doctor's script states bandages are medically necessary as the individual had a broken leg. This item will be needed for a short period of time. If expenses are submitted for bandages 2 years later the worker may ask for another doctor script as the previous one was from 2 years ago for a time limited condition.

46. When our company receives a referral call from a consumer we will assess the person for services- they will have an assessment for qualifying waiver. A 3160 will at that time go to EES worker notifying them that an assessment was completed. There would be no monthly cost because that has yet to be determined. We are confused as to how we would be able to put this on a 3160 when at that time we do not have an approval for them to come on the waiver and cost of services has not been developed. We assumed that a 3160 is sent again to EES worker when approval has been made for consumer to come on waiver and cost of services have been determined and coding is required?
    - This assumption is accurate for the PD waiver. It is the only waiver that submits a 3160 for individuals going on the waiting list.

47. Someone mentioned that AAA provides 4 hours of training for FE Waiver. Is there a contact for providers to receive this training and is this a required training for all providers?
    - The AAAs do not have a 4 hour provider training. However, KDOA does have a 4 hour training that it offers to Assisted Living, Residential Health Care, Home Plus and Boarding Care Home providers. This training is not mandatory and is to assist providers to be successful by understanding the FE program and its requirements. KDOA will meet with providers at their request for either the 4 hour training or a shorter 2 hour version that is directed solely towards staff.

48. Can we get more information on "CHORE SERVICES" that are being added to the PD Waiver?
    - Proposed language for the new "chore service" is a service provide to an individual with an assessed need of service to maintain the home in a clean, sanitary and safe environment. This service includes heavy household chores such as washing, windows, and walls, securing loose rugs and tiles, moving heavy items of furniture in order to provide safe egress, lawn care, and snow removal and is provided only when natural resources and supports are not available for that service.
    - Currently CMS is reviewing the waiver renewal including the above language. When it is approved the waiver will be placed on the PD section of the CSS website as well as announced at stakeholder meetings.

49. What happens with client obligation receipts? We are seeing that receipts do not get applied to client obligation within a month. Sometimes several months go by before these are applied.
    - Please see question 10 under Questions from Registration.

50. Does the 90 day application period for Presumptive Medical Disability start the date of the application or the date the referral is sent in to the Presumptive Disability Team?
    - ❖ The 90 day timeframe applies to the referral and determination of presumptive disability by the Presumptive Disability team. The 90 days would begin with the date of referral. There will be instances when this timeframe will be shortened or lengthened dependent on the case situation.